

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562117

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				-		
3				-		
4				-		
5				-		
6				-		
7				-		
8				-		
9				-		
10				-		
11				-		
12				-		
13				-		
14				-		
15				-		
16				-		
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40				-		
41				-		
42				-		
43				-		
44				-		
45				-		
46				-		
47				-		
48				-		
49				-		
50				-		
TOTAL IND.			1			
TOTAL DEP.			20			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						